

Name  
in  
Full

Gibbert Allen

## CERTIFICATE OF DEATH

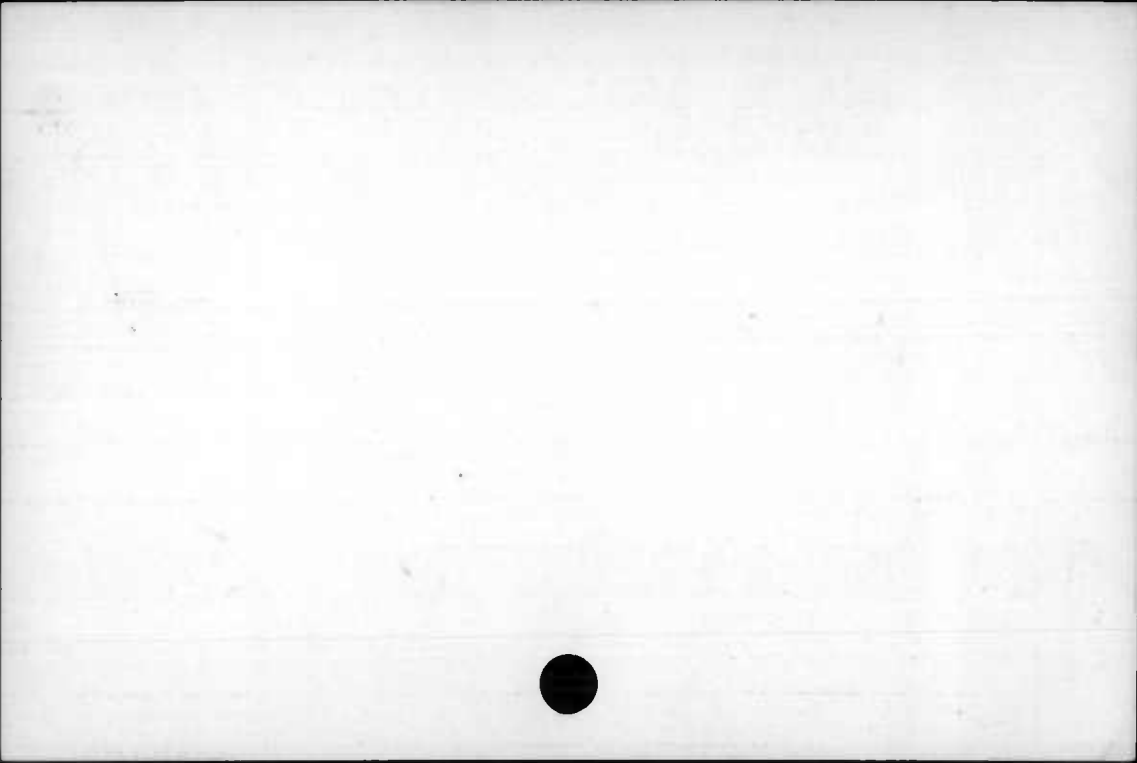
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 1908	Month <u>December</u>	Day <u>16<sup>th</sup></u>	Age	Months <u>3</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth- place <u>Stockton</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Robert Allen jr</u>			Father's Birthplace <u>Stockton</u>		
Mother's Maiden Name <u>Edna Bullick</u>			Mother's Birthplace <u>Stockton</u>		
Name of person giving in formation <u>Robert Allen</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Broncho-Pneumonia</u>	How long	<u>5 or 6 days</u>
Immediate	<u>Dyspnoea</u>	How long	<u>24 hours or more</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. J. Parker</u>	
		Address <u>Stockton Mo.</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Dorothy Bell

Town

Pocomoke City

County

Worcester

MARYLAND

Died at

Date

of death 1905

Month

Dec

Day

20

Age

Years

5

Months

Day

Sex

female

Color or  
Race

white

Birth-  
place

Maryland.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

George Upshur Bell

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lynnda R. Brittingham

Mother's  
Birthplace

Md.

Name of person giving  
information

G. Upshur Bell

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Acute Bronchitis

How long

8 days

Immediate

Edema lungs &amp; collapse

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

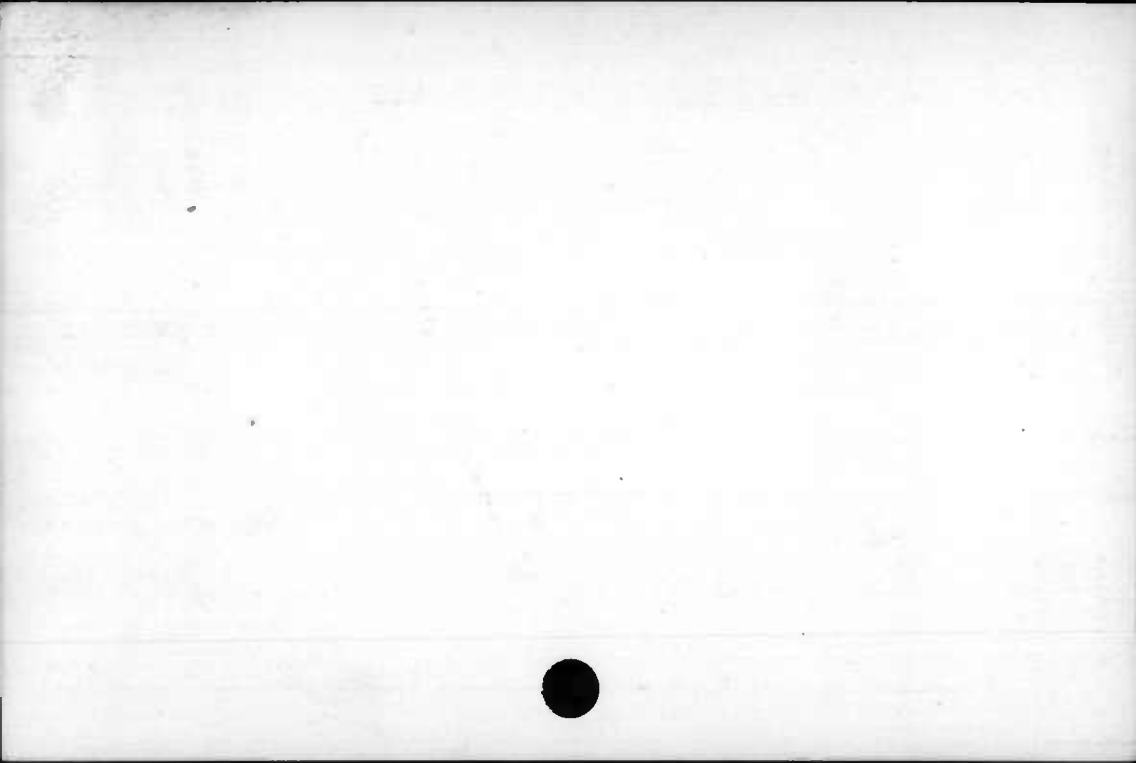
J. M. Nelson M.D.

Address

Pocomoke City

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

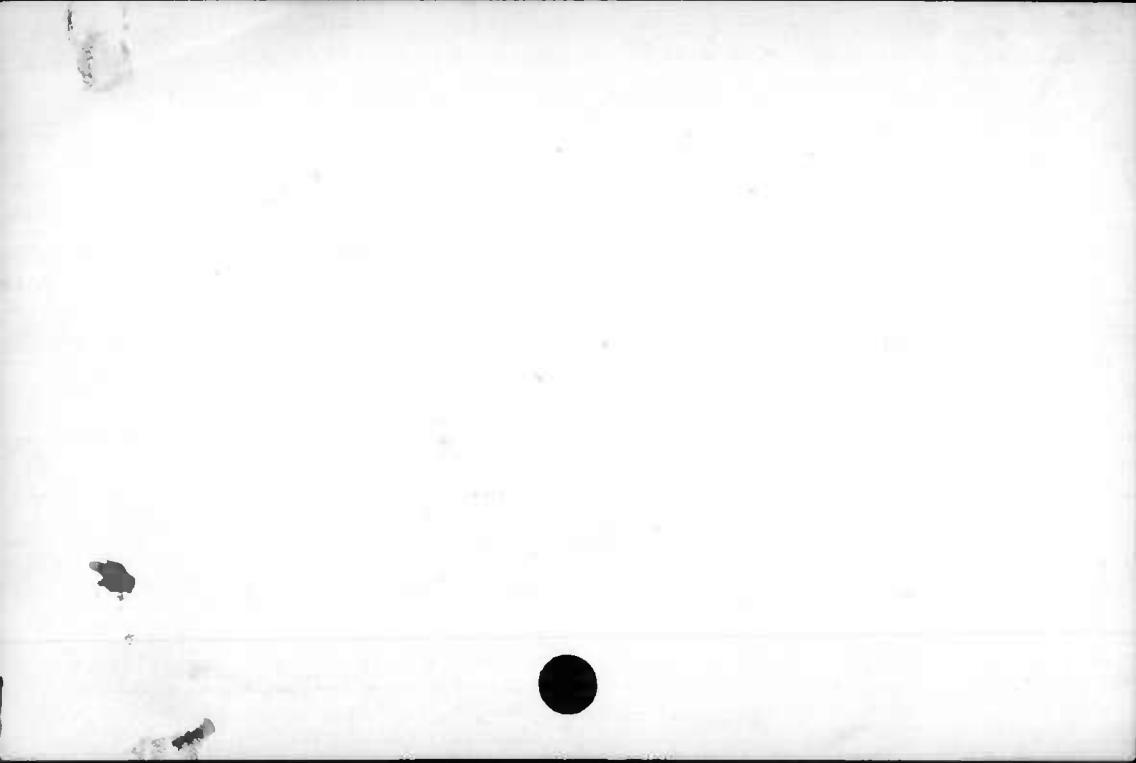
Eugene Brittingham

## CERTIFICATE OF DEATH

Died at <u>Snow Hill</u> <sup>Town</sup>			<u>Worcester</u> <sup>County</sup>			MARYLAND		
Date of death	190	Month	Dec	Day	27	Age	2	Years
						Months	2	Days
Sex	Male		Color or Race	Black		Birth-place	Snow Hill	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband					
Single								
Father's Name			Ladd B Brittingham			Father's Birthplace		
						Snow Hill		
Mother's Maiden Name						Mother's Birthplace		
						Snow Hill		
Name of person giving Information						How related to deceased		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid	How long	four weeks
	Immediate	Perforation	How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
			Address	
		WR Elliott		
		Snow Hill		
Accident or Suicide?				



Name

In  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *John Chussia*  
*Pocomoke city*

Town

*Worcester*

County

Date of death *1905* *Dec*

Month

Day *19*Age *30*

Years

Months

Days

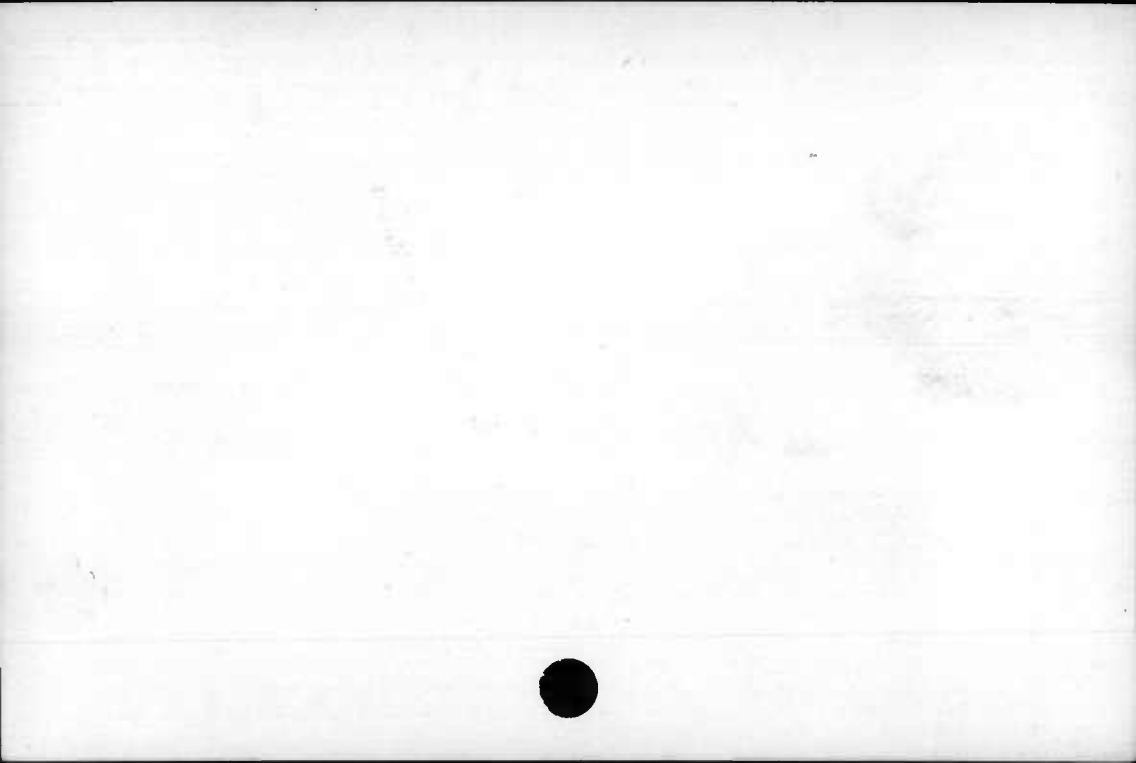
Sex *Male*Color or  
Race *Colored*Birth-  
place *Pocomoke Co*Occupation *Labourer*Where Residing if not  
at place of death *Pocomoke city*Married, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's  
Name *Jas Bevan*Father's  
Birthplace *Annapolis Co*Mother's  
Maiden Name *Betty Chesser*Mother's  
BirthplaceName of person giving  
In formation *Jane Run*How related  
to deceased *Sister*

## CAUSES OF DEATH

Primary *Phthisis Pulmonalis*How long *3 yrs*Immediate *Congestive of Lung & Emphysema*How long *a week*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Samuel L. Lumsden*Address *Pocomoke city, Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Infant Coard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Berlin* Town*Worcester* CountyDate of death *1905 Dec* MonthDay *3*Age *2 days old* YearsSex *female*Color or Race *negro*Birth-place *Near Berlin*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Coard*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Annie F. Farlow

Town

County

MARYLAND

Died at

Ocean City - Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905-

Dec 17

Age 55-

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

two

Husband of

Joshua Farlow

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Acute Indigestion

How long sick

10 hours

~~Accident, Suicide, Homicide~~

Reported by

J. B. Baggett M.D.

Address

Ocean City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name  
in  
Full

## CERTIFICATE OF DEATH

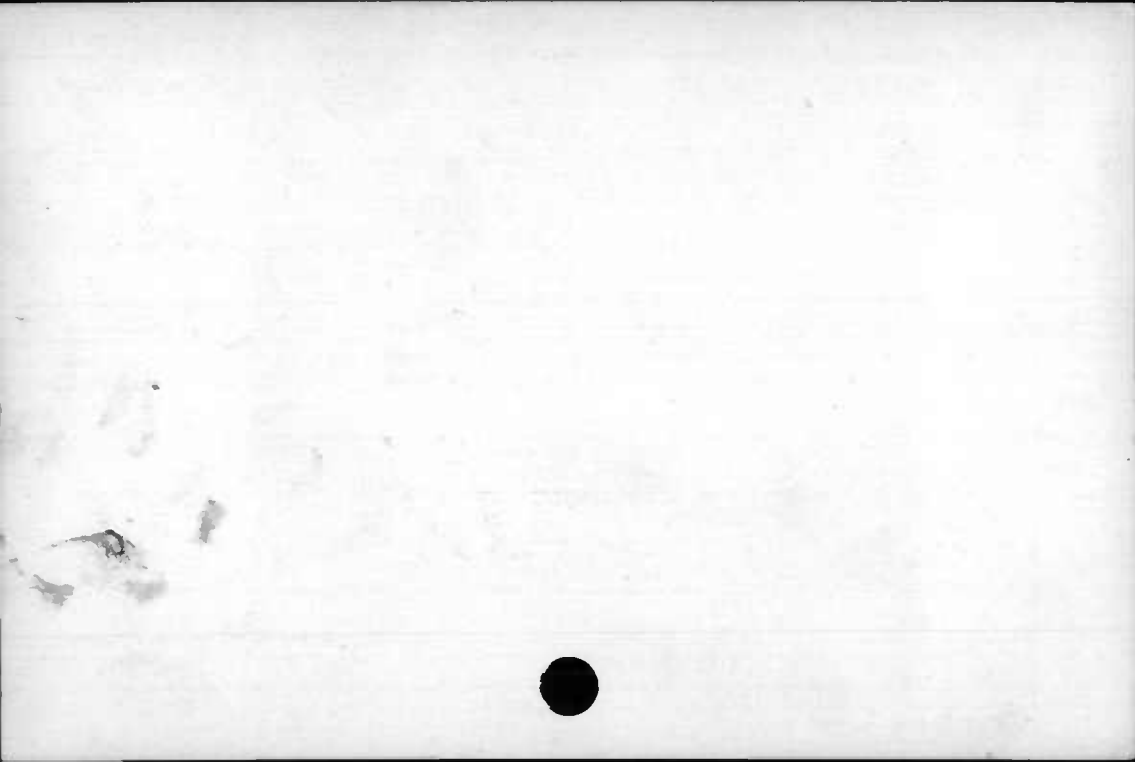
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant -</i>		Gray (M. M.) County		MARYLAND	
Died at <i>Taylorville</i>		County <i>Worcester</i>			
Date of death	19 <i>05</i>	Month <i>12</i>	Day <i>10</i>	Age <i>2</i>	Years <i>2</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Handy Grey</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Hyman</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Samuel Smacks</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>	How long <i>5 or 6 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Had none</i>
	Address <i>Sam. Smacks</i>
	<i>Taylorville Ind</i>
Accident or Suicide?	



Name  
in  
Full

Hazel Hartings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Newark <sup>Town</sup> Wor <sup>County</sup>

**MARYLAND**

Date of death 1905 <sup>Month</sup> Dec <sup>Day</sup> 5 <sup>Years</sup> Age <sup>Months</sup> 2 <sup>Days</sup> —

Sex female Color or Race white Birth-place Newark

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Hartings Father's Birthplace —

Mother's Maiden Name Hartings Mother's Birthplace —

Name of person giving Information — How related to deceased —

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

How long

How long

Signature of Physician

Address

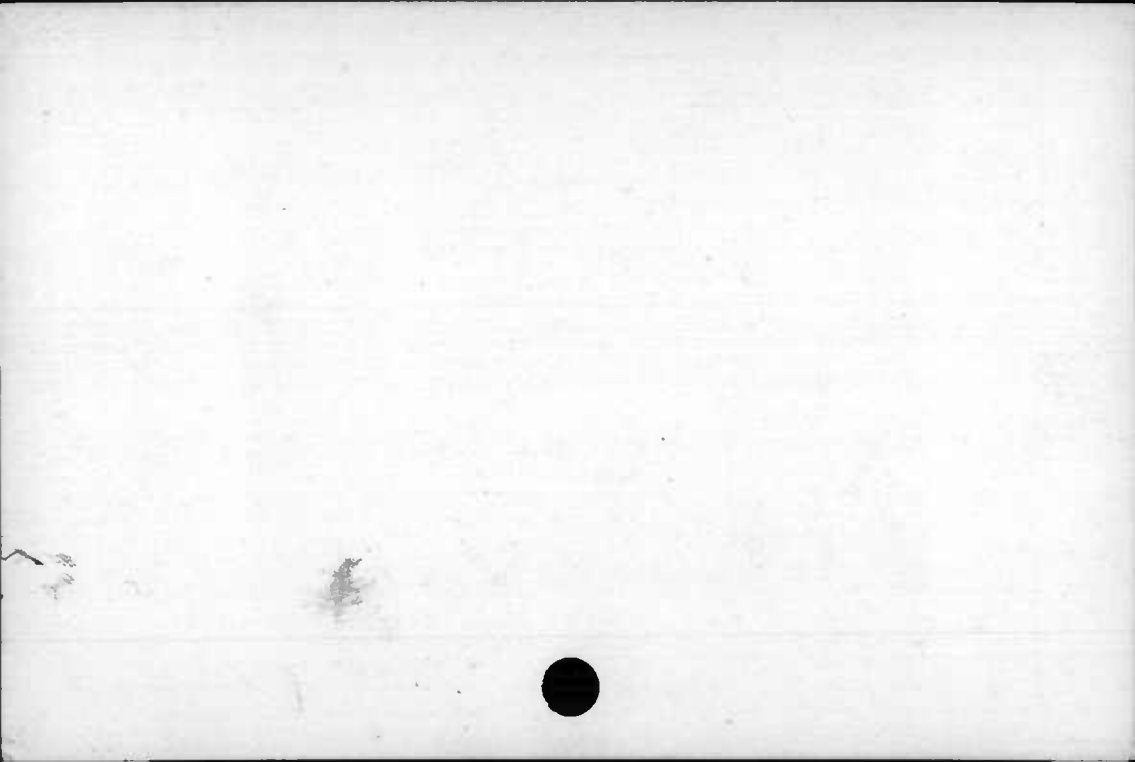
109

4 days

C. W. Dickinson

Berlin

MD





Name  
in  
Full

George Wesley Long

## CERTIFICATE OF DEATH

Town

Pocomoke

County

Worcester

MARYLAND

Died at

Date

of death 1905

Month

12

Day

20

Age

Years

—

Months

—

Days

5

Sex

male

Color or  
Race

white

Birth-  
place

Pocomoke

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

single

Name of Wife or  
Husband

—

Father's  
Name

Refus Long

Father's  
Birthplace

md

Mother's  
Maiden Name

Ocie Mason

Mother's  
Birthplace

md

Name of person giving  
Information

—

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

Dilation &amp; weakness heart

How long

since birth

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

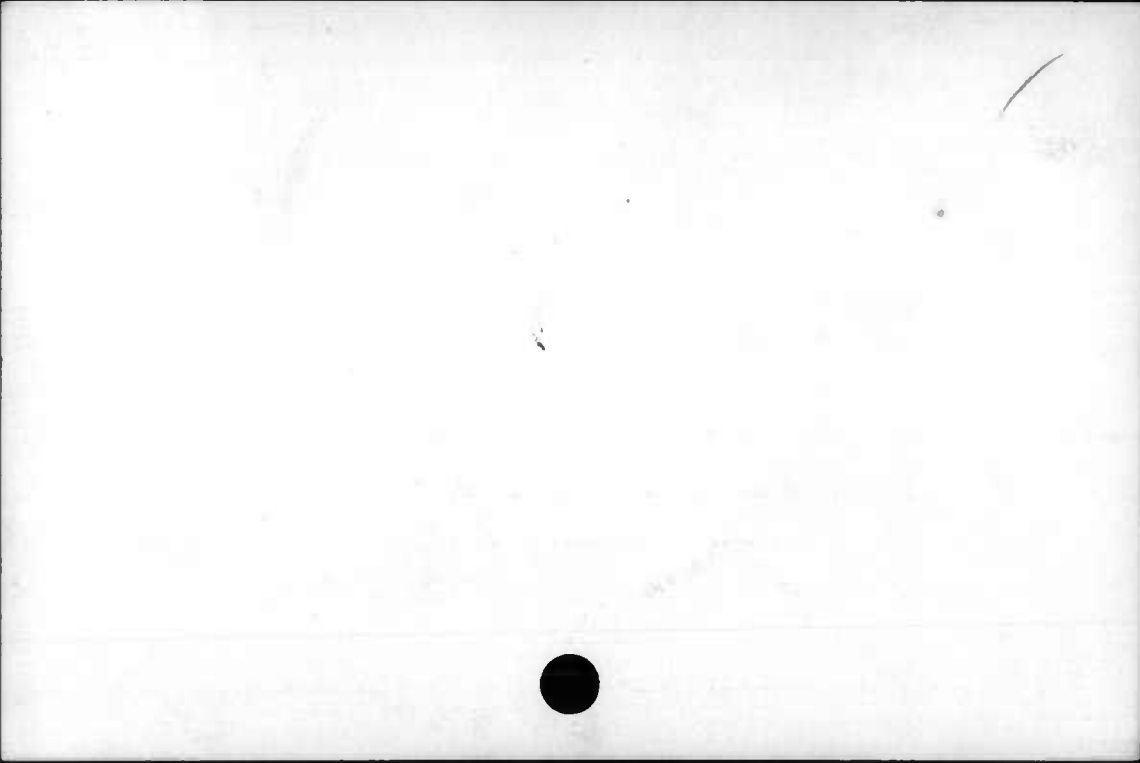
N. N. Wallis

Address

Pocomoke City

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

George Henry Mammel 12/23/VIII

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Stockton

County

Worcester

MARYLAND

Date

of death 190

5

Month

12

Day

1

Age

Years

Months

9

Days

Sex

male

Color or  
Race

colored

Birth-  
place

Virginia

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Martin Mammel

Father's  
Birthplace

ma

Mother's  
Maiden Name

Savana Fisher

Mother's  
Birthplace

ma d

Name of person giving  
In formation

Martin Mammel

How related  
to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

Indigestion

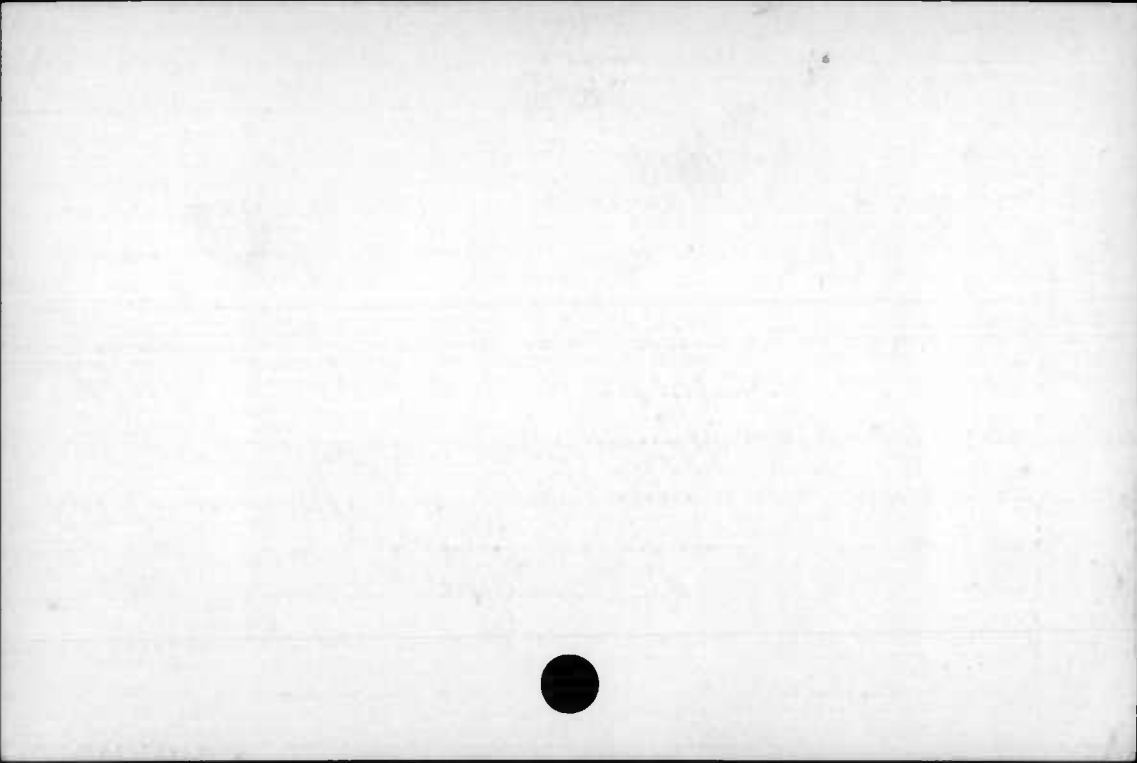
How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

William H. Mannell

## CERTIFICATE OF DEATH

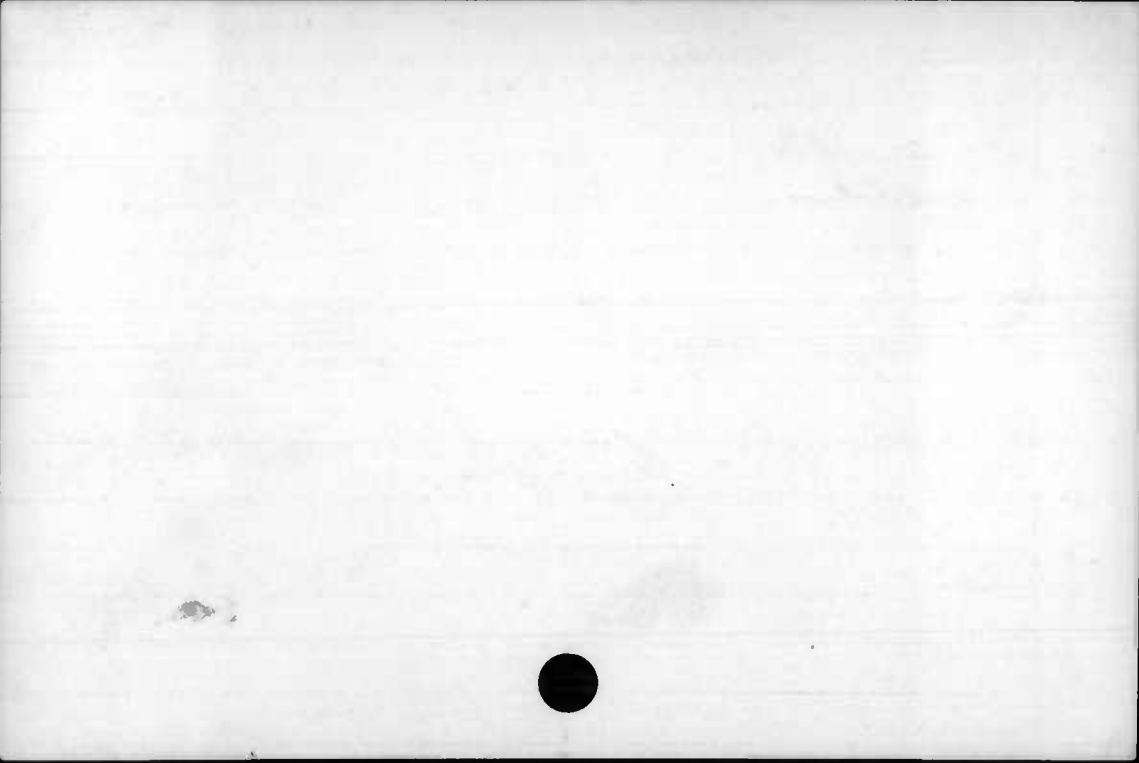
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wheeling</i> Town		County <i>Marshall</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>12</i>	Day <i>3</i>	Age <i>7</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Martin Mannell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Savannah Fisher</i>			Mother's Birthplace <i>..</i>		
Name of person giving information <i>Martin Mannell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6 hrs</i>
Immediate <i>Crudities</i>	How long <i>14 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Richland, W. Va.</i>
Accident or Suicide?	



*More (by m)*

Died at *Ocean City* — *Horrocks* — *Maryland*

Date 1908-	Month <i>Dec</i>	Day <i>29</i>	Y. <i>Still Born</i>	M. <i>Still Born</i>	D. <i>Still Born</i>	Native of <i>Maryland</i>	Occupation
Male	White	<del>Married</del>	Widow	<del>Divorced</del>			
Female	Colored	Single	Widower	Number of children living <i>None</i>			

Husband  
of  
Wife

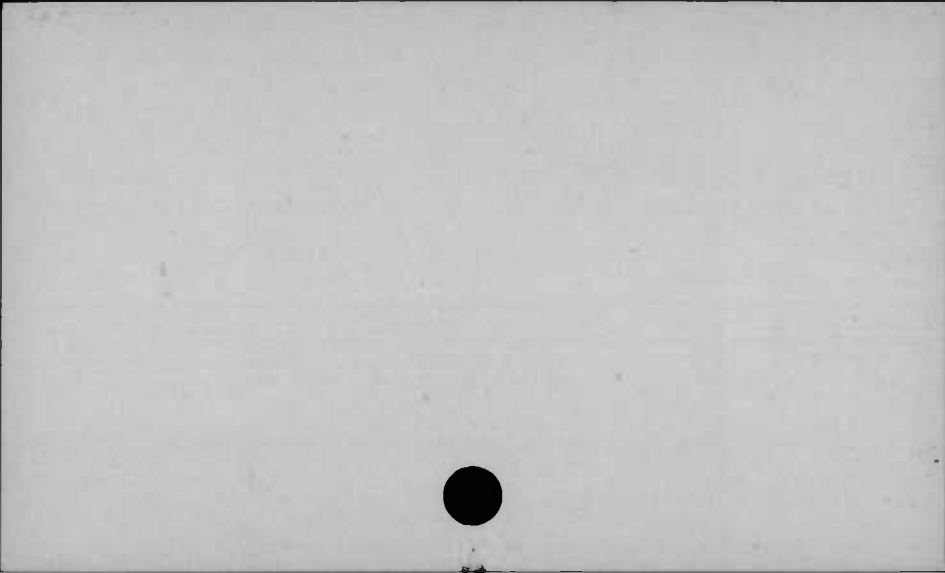
Father's Name *Thomas J. Moore* Mother's Maiden Name *Douville Miles*

Cause of	Primary	<i>Still-born</i>	How long sick
	Deeth	Immediate	<i>S.</i>
			Accident, Suicide, Homicide

Reported by *J. B. Baggett M.D.*

Address *Ocean City - Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Maggie Moore

## CERTIFICATE OF DEATH

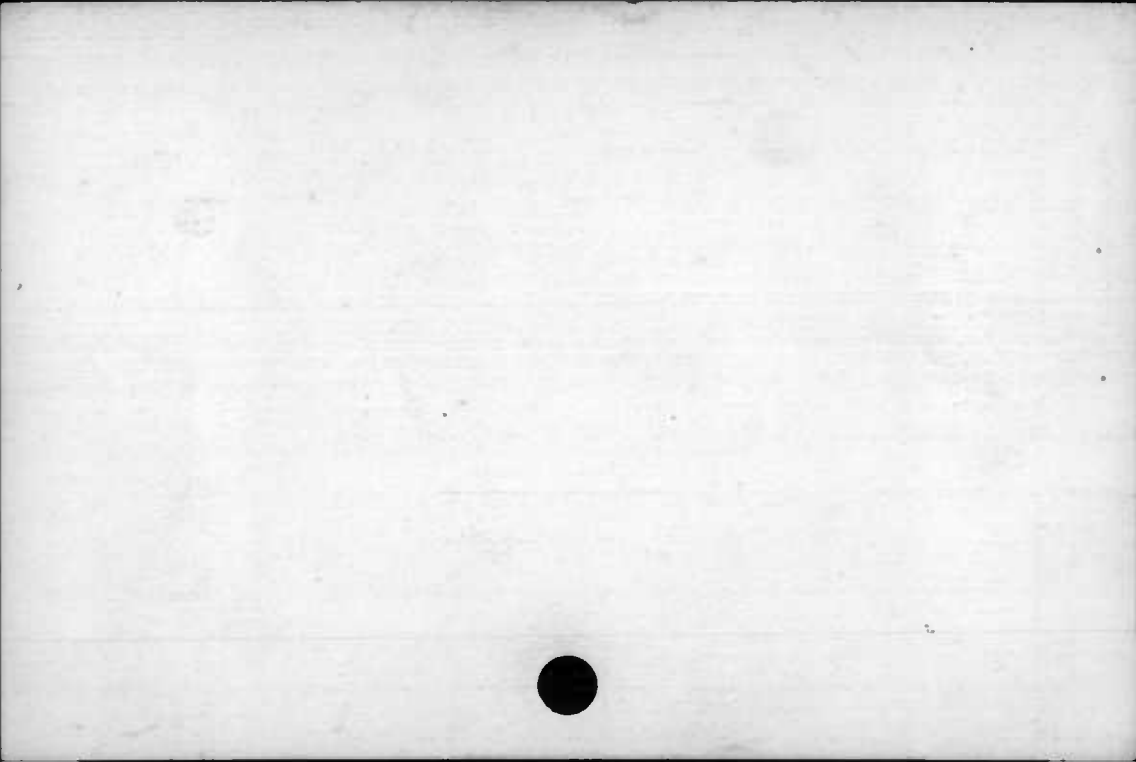
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Snow Hill Md</i>		<sup>County</sup> <i>Worcester.</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	26
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico</i>	
Occupation <i>Lady</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Mr R. P. Moore</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

Primary	<i>Paralysis</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Paul Jones</i>	
		Address <i>Snow Hill Md</i>	
Accident or Suicide? —			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harry M. Parson

## CERTIFICATE OF DEATH

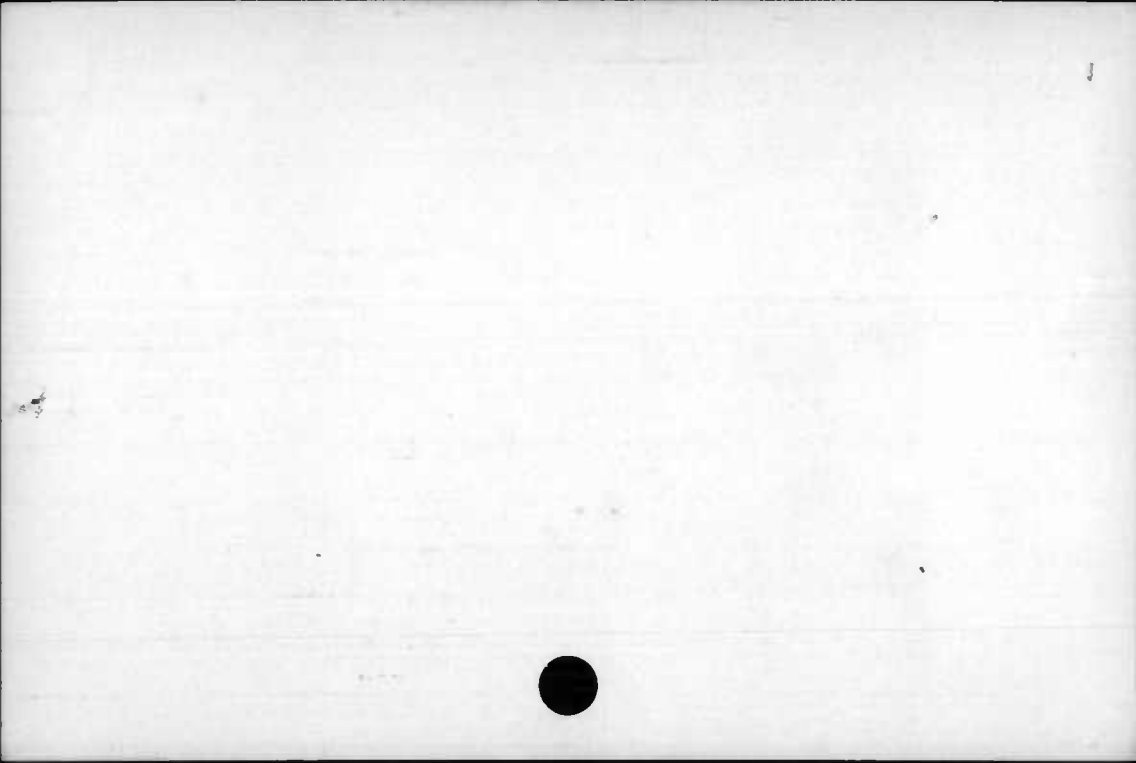
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stockton</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec</i>	Day <i>27</i>	Age <i>26</i> <sup>Years</sup>	Months <i>9</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Oyster-man</i>			
Name of Wife or Husband <i>Larner Bennett</i>					
Father's Name <i>Harry Parson</i>		Father's Birthplace <i>MA</i>			
Mother's Maiden Name <i>Blurtha Fair</i>		Mother's Birthplace <i>MA</i>			
Name of person giving information <i>Larner Bennett</i>		How related to deceased <i>Wm</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>12 days</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. D. Dickerson M.D.</i>
	Address <i>Stockton</i>
	<i>Worcester Co MA</i>
Accident or Suicide?	



Name  
in  
Full

Fannie Payne

CERTIFICATE OF DEATH

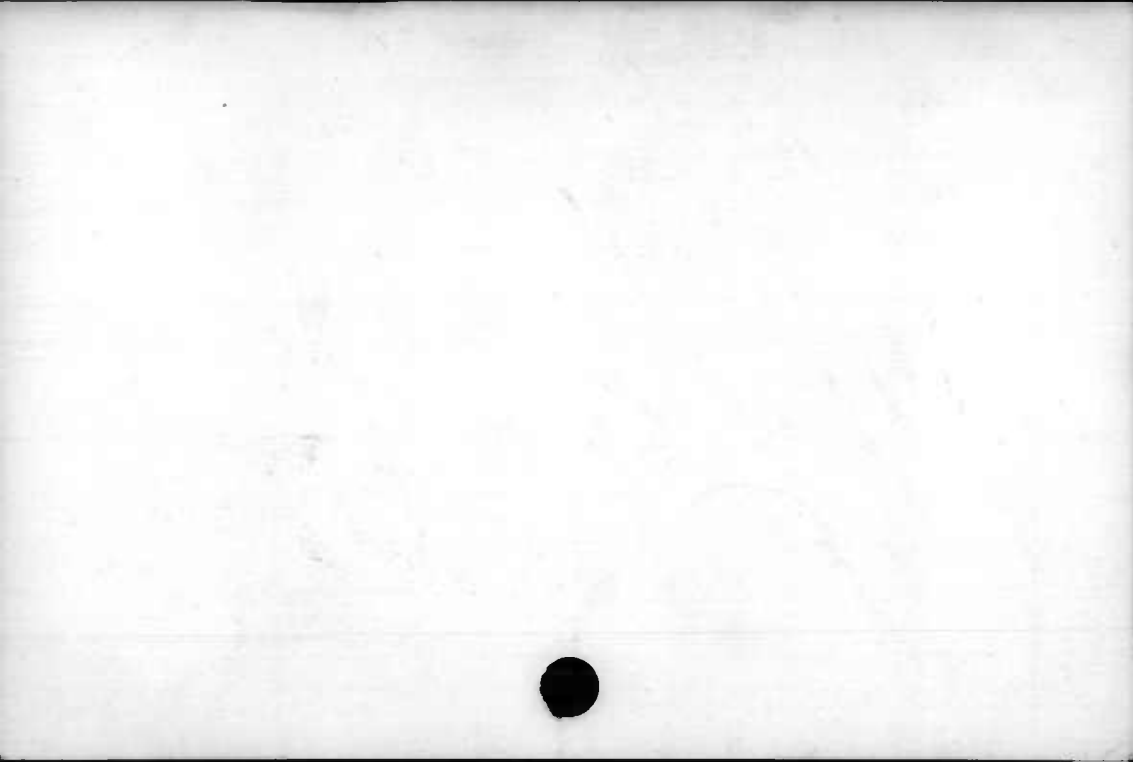
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke city</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>10</i>	Years <i>36</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Near Pocomoke city</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Engine Payne</i>				
Father's Name <i>W 7 Boston</i>	Father's Birthplace <i>Worcester Co</i>				
Mother's Maiden Name <i>Helen Payne</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Raymond Boston</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septic Fever</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel J. Quinn</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name  
in  
Full

Stephen R Planch

## CERTIFICATE OF DEATH

Town

County

Died at

Pawmoke city

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905 Dec

28

Age

59

5

Sex

Male

Color or  
Race

White

Birth-  
place

Somerset Co

Occupation

Laborer

Where Residing if not  
at place of death

Pawmoke city

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Susan Bundick

Father's  
Name

Cornelius Planch

Father's  
Birthplace

Somerset Co

Mother's  
Maiden Name

Elizabeth Lewis

Mother's  
Birthplace

Worcester Co

Name of person giving  
In formation

Whitney Hancock

How related  
to deceased

Brother in Law

## CAUSES OF DEATH

Primary

Alcoholism

How long

Some years

Immediate

indigestion &amp; exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Samuel S. Lewis

Pawmoke city Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Purnell W M  
Worcester

CERTIFICATE OF DEATH

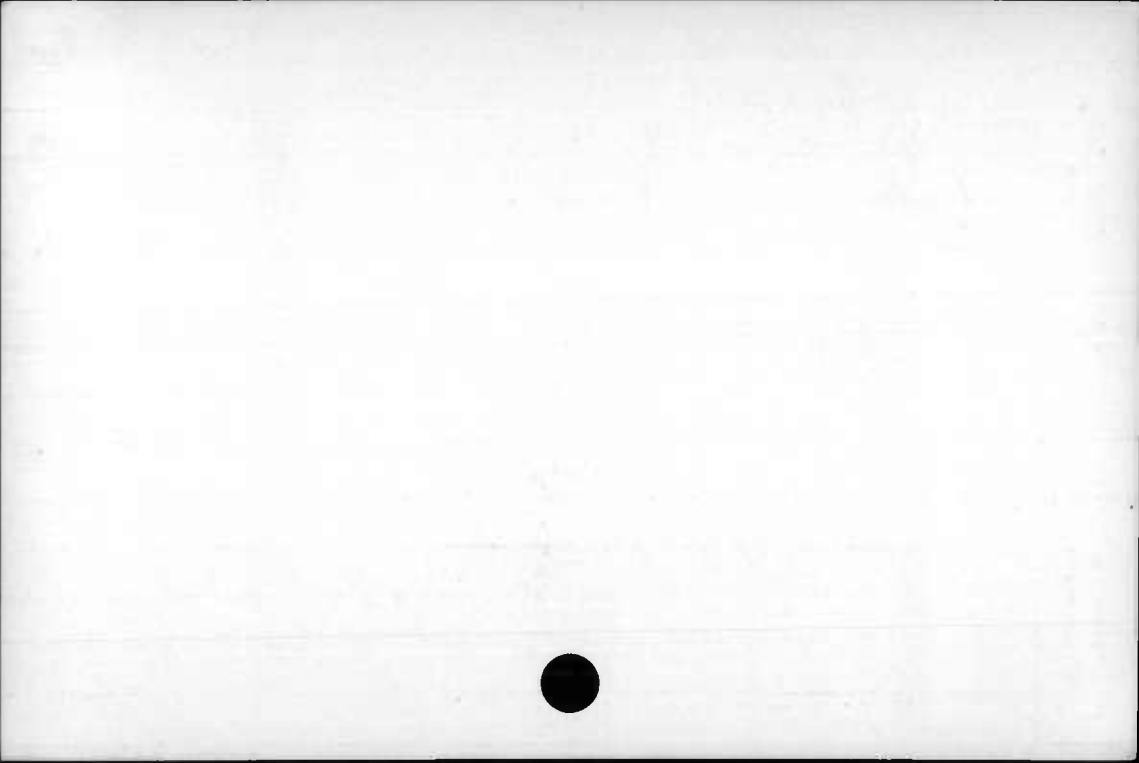
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stockton</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	<i>Dec</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>6</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Stockton</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jas Purnell</i>			Father's Birthplace <i>W M</i>		
Mother's Maiden Name <i>Mattie Stowers</i>			Mother's Birthplace <i>W M</i>		
Name of person giving information <i>Jas Purnell S.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W D Dickens</i>
		Address <i>Stockton Worcester Co W M</i>
Accident or Suicide?		



Name  
in  
Full

Edward P. Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

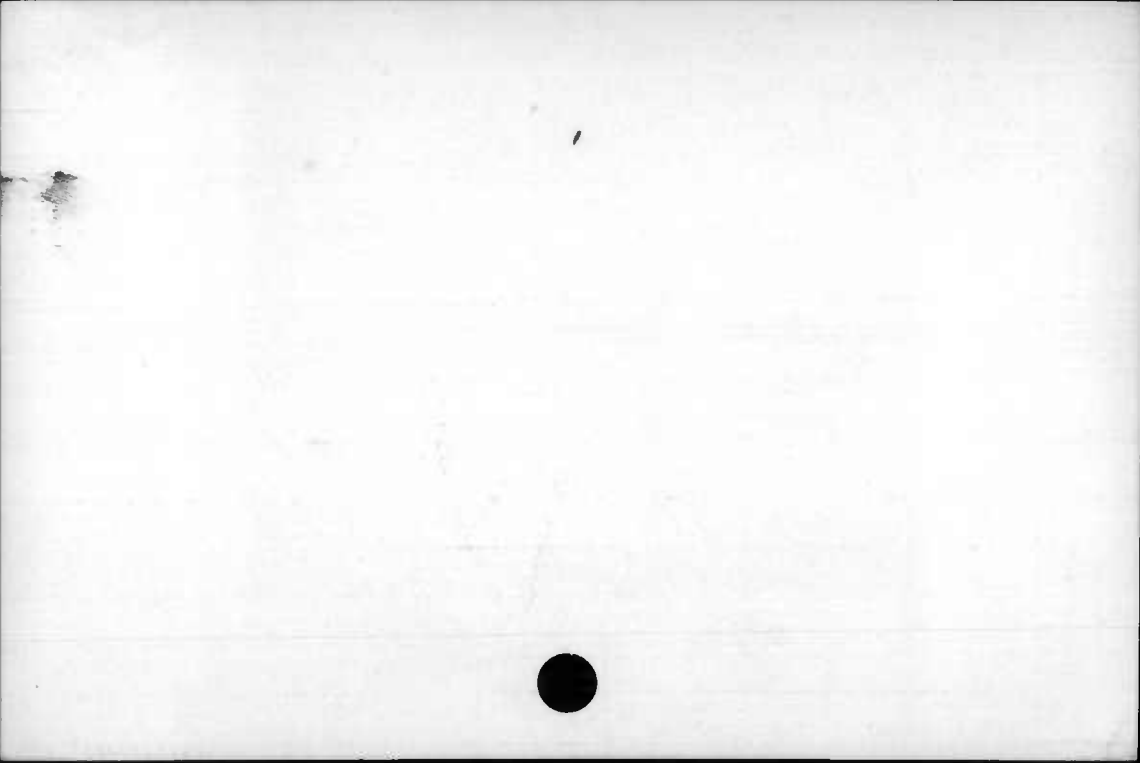
Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 1905	Month <u>December</u>	Day <u>26</u> <sup>th</sup> <sub>th</sub>	Age <u>52</u> <sup>Years</sup>	Months <u>Don't know</u>	Days <u>Don't know</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Worcester Co. Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Day laborer</u>				
Name of Wife or Husband <u>Lena Whittington</u>					
Father's Name <u>Elisha Purnell</u>			Father's Birthplace <u>Worcester Co</u>		
Mother's Maiden Name <u>Mary Ann Jackson</u>			Mother's Birthplace <u>Worcester Co</u>		
Name of person giving information <u>William W Purnell</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>5 weeks</u>
Immediate	How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Parker</u>
	Address <u>Stockton - Worcester Co Maryland</u>
Accident or Suicide?	



Name  
in  
Full

*Fred Rusk*

CERTIFICATE OF DEATH

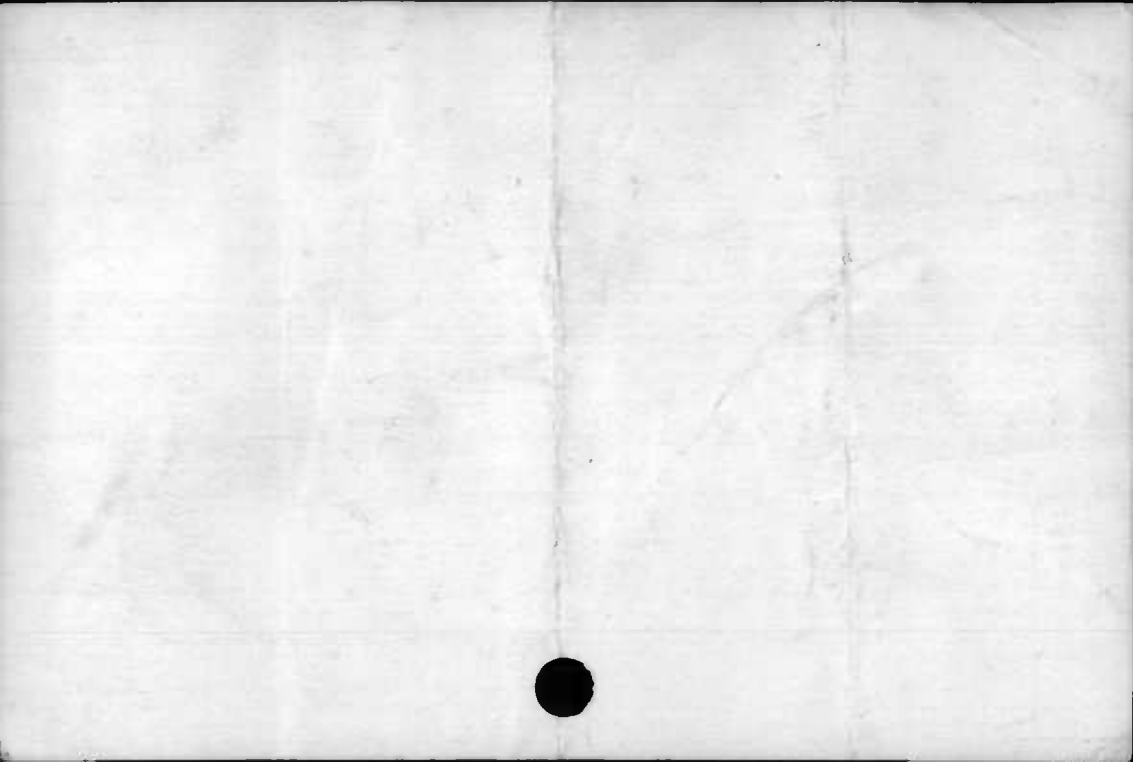
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>10</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Snow Hill</i>	
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>James Rusk</i>			Father's Birthplace <i>Snow Hill</i>		
Mother's Maiden Name <i>Bell Smullen</i>			Mother's Birthplace <i>Snow Hill</i>		
Name of person giving information <i>John J. Wayman</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchopneumonia</i>	How long <i>one week</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Elliott</i>
	Address <i>Snow Hill</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

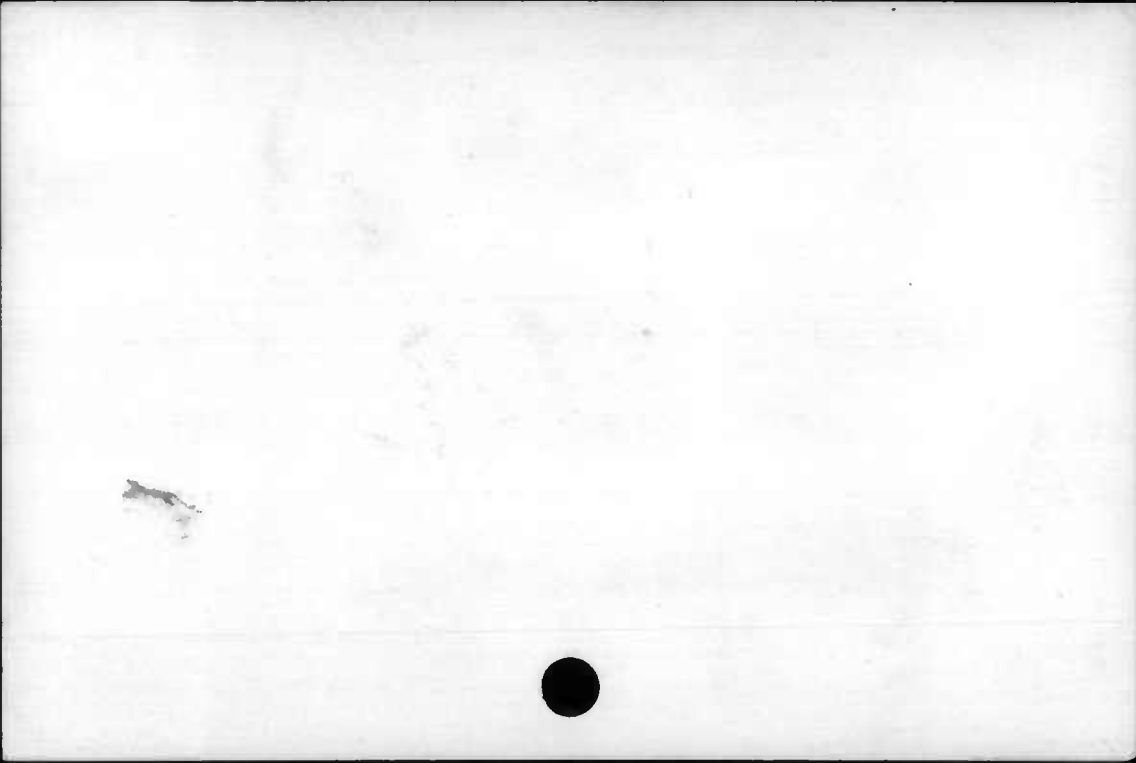
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harry Stacomt</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died <i>near Pocomoke City</i>		Month <i>Dec</i>		Day <i>1</i>		Years <i>80</i>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>1</i>		Years <i>80</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Pocomoke City</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Huratta Matthews</i>					
Father's Name <i>Stephen Roberts</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Fanny Roberts</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Harry Stacomt</i>		How related to deceased <i>Son in Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Le Syph</i>	How long <i>11 days</i>
Immediate <i>Pneumonia collapse</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Pocomoke City</i>
Accident or Suicide?	





Name  
in  
Full

Mrs Emily Smith

## CERTIFICATE OF DEATH

Died at Berlin <sup>Town</sup> Worcester <sup>County</sup> **MARYLAND**

Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 17 Age 62 <sup>Years</sup> Months Days

Sex Female Color or Race White Birth-place Med

Occupation House Wife Where Residing if not at place of death

Married, Yes Name of Wife or Husband W. J. Hollen

Father's Name \_\_\_\_\_ Father's Birthplace

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace

Name of person giving information W. J. Hollen How related to deceased Son-in-law

TO BE ANSWERED BY  
NEAREST FRIEND

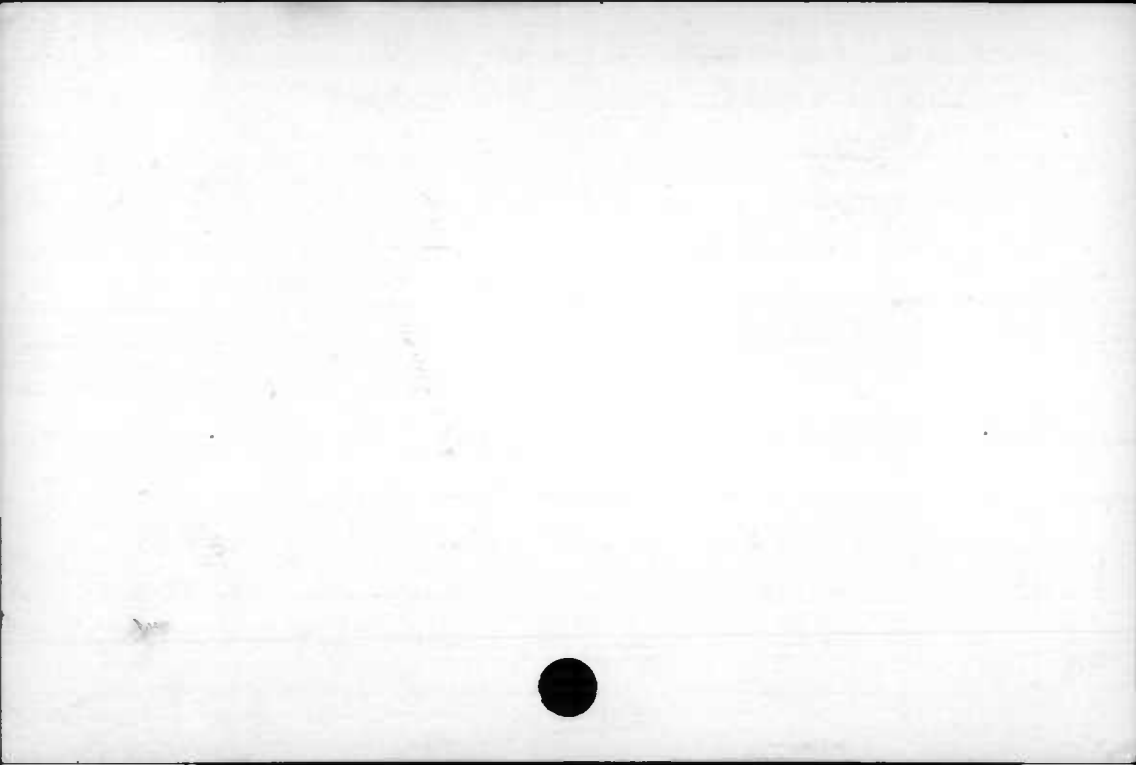
## CAUSES OF DEATH

Primary Pulmonary Tuberculosis.How long XImmediate ExhaustionHow long XAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. P. Henry, M.D.  
BerlinAccident or Suicide? XPHYSICIAN  
OR CORONER



Name  
in  
Full

Letitia A. Staton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Whitesburg</i> <sup>County</sup> <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	<sup>Month</sup> <i>Dec.</i>	<sup>Day</sup> <i>20<sup>th</sup></i>	<sup>Years</sup> <i>75</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co. Md.</i>	
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>At her sons house</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Daniel J. Staton</i>		
Father's Name <i>William Hooks</i>	Father's Birthplace <i>Worcester Co. Md.</i>		
Mother's Maiden Name <i>Brown</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Walter M. Staton</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>She had no doctor had been feeble for a long time</i>	How long
Immediate <i>Supposed to be Infirmities of old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Hill</i>
	Address <i>Undertaker Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Mary Warren

## CERTIFICATE OF DEATH

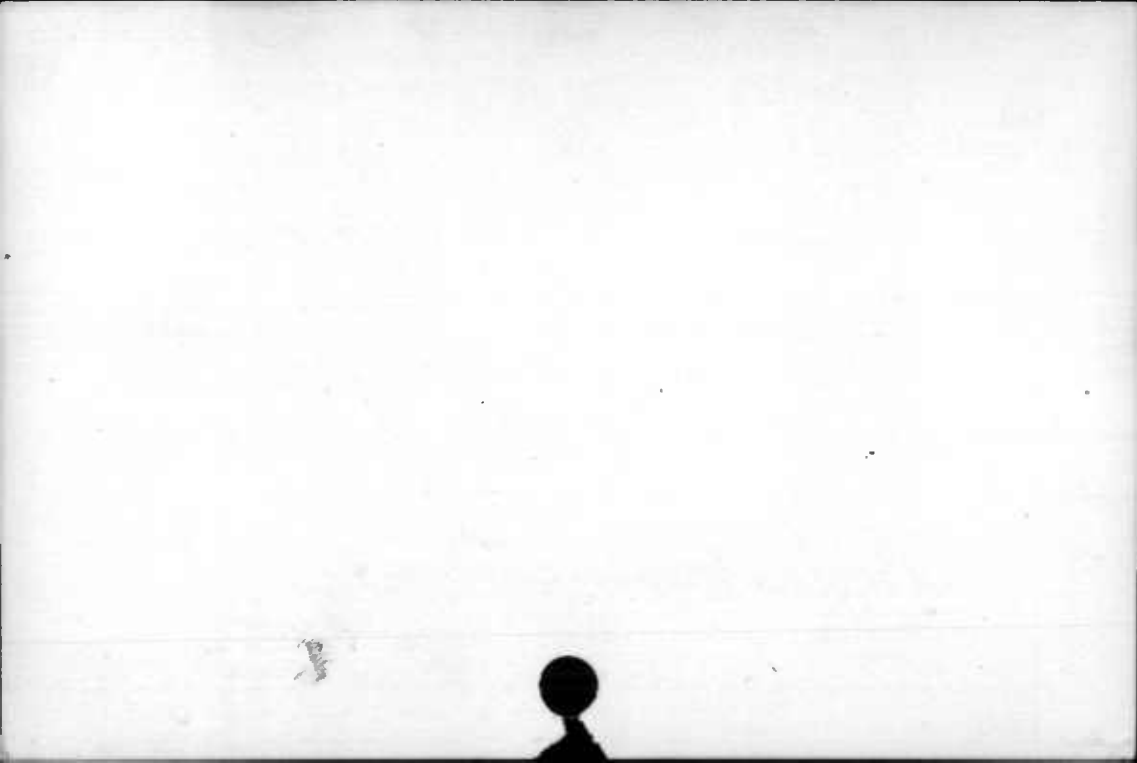
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chrouline</i> <small>Town</small>		<i>Worches</i> <small>County</small>		MARYLAND	
Date of death	<i>1901</i>	Month <i>12</i>	Day <i>14</i>	Age <i>70</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Albert Warren</i>				
Father's Name <i>Peter Rayne</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>..</i>		
Mother's Maiden Name	Name of person giving information		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inflammation of Liver</i>	How long <i>4 Mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place, correctly given above? <i>yes</i>	Signature of Physician <i>Dr E. J. Dickinson</i>
	Address <i>Berlin Ind</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

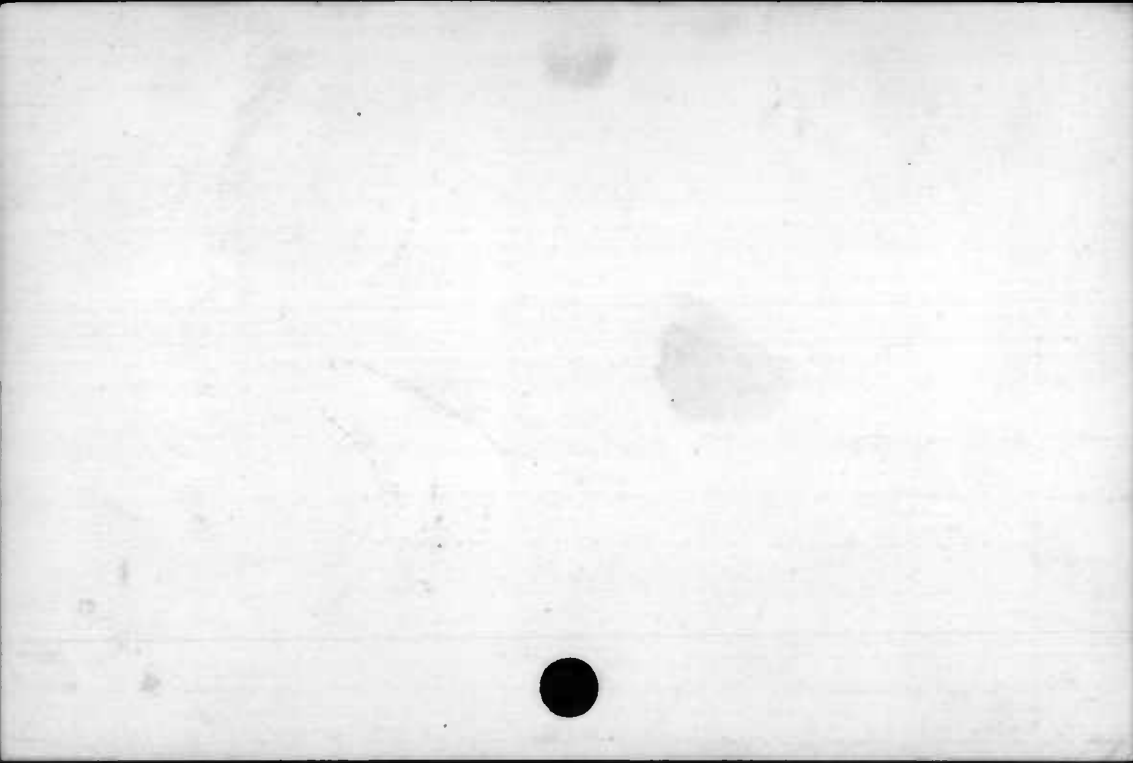
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Pocomoke City</i>		County <i>Worcester</i>	
Date of death	Month <i>Dec</i>	Day <i>7</i>	Age <i>4</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Worcester Co</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Pocomoke City</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Gas Wharton</i>	Father's Birthplace <i>Accomack</i>		
Mother's Maiden Name <i>Ida Drummond</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Gas Wharton</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>L. Grippe</i>	How long <i>3 Weeks</i>
Immediate <i>Pneumonia Collapse</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. —</i>
	Address <i>Pocomoke City, Md</i>
Accident or Suicide?	





Name in Full		Certificate of Death			
Henry Wharton		MARYLAND			
Died at <i>Pasomoke city</i>		County <i>Monester</i>			
Date of death <i>1905</i>		Month <i>Dec</i>	Day <i>21</i>	Age <i>5</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birthplace <i>Pasomoke City</i>	
Occupation <i>Supplant</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>" "</i>			
Father's Name <i>Gas Wharton</i>		Father's Birthplace <i>Acornas Co</i>			
Mother's Maiden Name <i>Ida Drummond</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>" "</i>			
CAUSES OF DEATH					
Primary <i>Pneumonia</i>		How long <i>1 Month</i>			
Immediate <i>Collaps</i>		How long <i>" "</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S. Quinn</i>			
		Address <i>Pasomoke city Md</i>			
Accident or Suicide?					

